ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

TIME REPORT

PERIOD ENDING: MONTH 6 | DAY 30 | YEAR 91

SIGNATURE (REFER TO STATEMENT ON ETHICAL STANDARDS): Adrian Zrete

DISCIPLINE: PRACTICE ☐ PRACTICE MANAGEMENT & SERVICES ☒

PERSONNEL NUMBER: 2 6 7 6 2 7 | OFFICE CODE: 285 | DIVISION CODE: 50 | PAGE 1 OF 1

PERSONNEL CLASSIFICATION: PARTNER ☐ | ASSOC. PARTNER ☐ | MANAGER ☐ | SENIOR ☐ | STAFF ☒

CLIENT NAME AND DESCRIPTION OF WORK	1 16	2 17	3 18	4 19	F 20	6 21	7 22	8 23	9 24	10 25	11 26	12 27	13 28	14 29	15 30	31	TOTAL HOURS (TENTHS)	EXPENSES	CLIENT CODE OR ACCOUNT NO. (START FROM LEFT)	JOB NO.	TRANSFER TO OFFICE CODE	TRANSFER TO OFFICE NAME	BILLING RATE CODE
Change Management Services	/	7.5	/	7.5	/	7.5	/	/	7.5	/	7.5	/	7.5	/	/	/	45.00		L18401		283	C.M.D.	
																		5.00	526114		006	Atlanta	
Fort Group	/	/	7.5	/	7.5	/	/	/	/	7.5	/	7.5	/	/	/	/	30.00		N96401		285	Fort Group	
Adjustment to 6/15 T.R. 6/15 reported 8, worked 6.0 OT=6.0	6.0																6.00		N96401		285	Fort Group	
PERSONAL ILLNESS – APPROVED																			7 4 0			PERSONAL ILLNESS – APPROVED	
DOCTOR APPTS, PROF. EXAM, ETC.																			7 4 5			OTHER APPROVED ABSENCE	
EXCUSED FROM OFFICE																			5 7 5			EXCUSED FROM OFFICE	
HOLIDAY																			8 1 5			HOLIDAY	
PERSONAL HOURS-APPROVED																			7 5 0			PERSONAL HOURS – APPROVED	
REGULAR AND OVERTIME VACATION																			8 5 0			REGULAR AND OVERTIME VACATION	
TOTAL HOURS (INCLUDING OVERTIME)	/	7.5	7.5	7.5	7.5	7.5	/	/	7.5	7.5	7.5	7.5	7.5	/	/	/	81.00					TOTAL HOURS (INCLUDING OVERTIME)	
OVERTIME HOURS	6.0																6.00					OVERTIME HOURS	

5		Y 5.00	EXPENSES REPORTED (MUST AGREE WITH DETAIL ON REVERSE SIDE)
6			COMPENSATORY REIMBURSEMENTS
7			MEMO–MEALS AND ENTERTAINMENT
8		Y 5.00	(ADD TO PAY) OR (DEDUCT) FROM PAY
9			EXPENSE ADVANCE REQUESTED (ADVANCE APPROVED)
10			REASON FOR ADVANCE
11			
12			
13		9 9 9	HOURS NOT TO BE TAXED

Contact the Accounting Department if you have any questions on the office codes, client codes or account numbers to be used.

STATEMENT ON ETHICAL STANDARDS

By signing this Time Report, I represent that during the time period covered, I, my spouse (if applicable) and my dependents (if any) have complied with applicable independence/ethical standards policies as they relate to Andersen Consulting partners and employees.

OVERTIME APPROVED BY

TIME REPORT AUDITED BY

AA & Co., S.C. Form A-10C (Rev 8/90) Printed in U.S.A.

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

DETAIL OF EXPENSES

Period Ended Month	Day	Year	See Personnel Reference Binder For Instructions	Name
6	30	91		Adrian Foote

Date	Departure Point and Destination and Description of Other Allowable Expenses	Personal Auto Expense Miles	Personal Auto Expense Amount	Lodging	Meals	Other Allowable Expenses	Compensatory Reimbursment	Memo-Meals and Entertainment	Total Expenses	Client Code or Account Number
EXPENSES WITH NO RECEIPT						X			X	✓
6/12	Late Night Lab Store					5 100			5 100	526,14(006)
EXPENSES WITH RECEIPTS ATTACHED										

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

TIME REPORT

PERIOD ENDING: MONTH 7 | DAY 31 | YEAR 91

SIGNATURE (REFER TO STATEMENT ON ETHICAL STANDARDS): Adrian Forte

PRINT NAME: Adrian Forte

PERSONNEL NUMBER: 0 1 0 1 2 6 1 7 6 2 1 7 | OFF. CODE: 285 | DIV. CODE: 50 | PAGE OF: 1 2

PERSONNEL CLASSIFICATION: Staff

CLIENT NAME AND DESCRIPTION OF WORK	TIME DISTRIBUTION FOR PERIOD 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 / 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	TOTAL HOURS (TENTHS)	EXPENSES	CLIENT CODE OR ACCOUNT NO. (START FROM LEFT)	JOB NO.	TRANSFER TO OFFICE CODE	TRANSFER TO OFFICE NAME	BILLING RATE CODE
DAT Group	/ 7.5 / / / / / 7.5 7.5 / / 7.5 7.5 7.5 7.5 7.5	60.0		N916 0101				
Metropolotion Water Reclamation District	9.5 / 6.5 / 8.0 8.5 8.0 / / 8.0 / / / / / /	48.5		N917 2101				
Adjustment to 7/15	1.5	1.5		N917 2101				
Metropolotion Water -- Expenses			220.80	N917 2816				
PERSONAL ILLNESS – APPROVED				7 4 0 PERSONAL ILLNESS – APPROVED				
DOCTOR APPTS, PROF. EXAM, ETC.				7 4 5 OTHER APPROVED ABSENCE				
EXCUSED FROM OFFICE				5 7 5 EXCUSED FROM OFFICE				
HOLIDAY				8 1 5 HOLIDAY				
TOTAL HOURS (SEE NOTE)*	9.5 7.5 6.5 1.5 8.0 8.5 8.0 7.5 7.5 8.0 / 7.5 7.5 7.5 7.5 7.5	110.0		TOTAL HOURS (Include overtime / Do not include personal or vacation hours)*				
EXPENSES REPORTED			220.80	EXPENSES REPORTED (Must agree with detail on reverse side)				
OVERTIME 1 HOURS	10 10	20.0		OVERTIME 1 HOURS				
OVERTIME 2 HOURS	7 7.5	16.5		OVERTIME 2 HOURS				
PERSONAL HOURS–APPROVED				7 5 0 PERSONAL HOURS – APPROVED				
REGULAR AND OVERTIME VACATION				8 5 0 REGULAR AND OVERTIME VACATION				
				COMPENSATORY REIMBURSEMENTS (MUST AGREE WITH DETAIL ON REVERSE SIDE)				
				MEMO–MEALS AND ENTERTAINMENT (MUST AGREE WITH DETAIL ON REVERSE SIDE)				
			220.80	(ADD) TO PAY ~~OR (DEDUCT) FROM PAY~~				
				EXPENSE ADVANCE REQUESTED	ADVANCE APPROVAL			

STATE/LOCAL AND SHIFT OVERRIDE INFORMATION

HOURS	O.T.1 HOURS	O.T.2 HOURS	STATE	LOCAL	SFT

REASON FOR ADVANCE

Contact the Accounting Department if you have any questions on the office codes, client codes or account numbers to be used.

STATEMENT ON ETHICAL STANDARDS

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OVERTIME APPROVED BY: B. L.

TIME REPORT AUDITED BY: Brenda Serrio

Andersen Consulting Form N-0010-C (12/91) Printed in U.S.A.

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

DETAIL OF EXPENSES

Period Ended: Month	Day	Year	See Personnel Reference Binder For Instructions	Name

Date	Departure Point and Destination and Description of Other Allowable Expenses	Personal Auto Expense: Miles	Personal Auto Expense: Amount	Lodging	Meals	Other Allowable Expenses	Compensatory Reimbursment	Memo-Meals and Entertainment	Total Expenses	Client Code or Account Number
	EXPENSES WITH NO RECEIPT									
7/14	100 S Wacker - 100 E Erie					$ 1.00			$ 1.00	N97285
7/14	100 E Erie - 100 S Wacker					$ 1.00			$ 1.00	
7/15	100 S Wacker - 100 E Erie					$ 1.00			$ 1.00	
7/15	100 E Erie - 100 S Wacker					$ 1.00			$ 1.00	
7/16	100 S Wacker - 100 E Erie					$ 1.00			$ 1.00	
7/16	100 E Erie - 100 S Wacker					$ 1.00			$ 1.00	
7/17	100 S Wacker - Randolph Michigan	TAXI				$ 1.00			$ 1.00	
7/20	100 S Wacker - 100 E Erie					$ 1.00			$ 1.00	
7/20	100 E Erie - 100 S Wacker					$ 1.00			$ 1.00	
7/21	100 S Wacker - 100 E Erie					$ 1.00			$ 1.00	
7/21	100 E Erie - 100 S Wacker					$ 1.00			$ 1.00	
7/21	100 E Erie - 100 S Wacker					$ 1.00			$ 1.00	
	~~EXPENSES WITH RECEIPTS ATTACHED~~									
7/21	100 S Wacker - 100 E Erie					$ 1.00			$ 1.00	
7/22	100 S Wacker - 100 E Erie					$ 1.00			$ 1.00	
7/22	100 E Erie - 100 S Wacker					$ 1.00			$ 1.00	✓
7/15	Replacement shirt + tie due to laser printer toner explosion.					145 80			145 80	N97285

AMOUNT OF COMPENSATORY REIMBURSABLE EXPENSES INCLUDED IN TOTAL EXPENSES (AMOUNT MUST AGREE WITH LINE 7 ON REVERSE SIDE)	

BUSINESS MEALS, CLUB DUES AND RELATED EXPENSES

DATE	PLACE (NAME OF CLUB, RESTAURANT, ETC.) AND TYPE OF EXPENSE INCURRED	NAME AND TITLE OF PERSONS PRESENT AND BUSINESS REASON			
	RECEIPTS REQUIRED FOR ALL EXPENSES OVER $25				

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

TIME REPORT

PERIOD ENDING	MONTH	DAY	YEAR
	5	31	92

SIGNATURE (REFER TO STATEMENT ON ETHICAL STANDARDS): Adrian Forte

PRINT NAME: Adrian Forte

PERSONNEL NUMBER: 0 0 0 6 2 7 2 6 7 | OFF. CODE: 285 | DIV. CODE: 50 | PAGE OF: 1 1

PERSONNEL CLASSIFICATION: Staff

CLIENT NAME AND DESCRIPTION OF WORK	TIME DISTRIBUTION FOR PERIOD 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS (TENTHS)	EXPENSES	CLIENT CODE OR ACCOUNT NO. (START FROM LEFT)	JOB NO.	TRANSFER TO OFFICE CODE	TRANSFER TO OFFICE NAME	BILLING RATE CODE
OART Group	/	/	7.5	7.5	7.5	7.5	7.5	/	/	/	7.5	7.5	13.5	7.5	/	/																73.5		N 9 6 0 0 1				
PERSONAL ILLNESS – APPROVED																																		7 4 0	PERSONAL ILLNESS – APPROVED			
DOCTOR APPTS, PROF. EXAM, ETC.																																		7 4 5	OTHER APPROVED ABSENCE			
EXCUSED FROM OFFICE																																		5 7 5	EXCUSED FROM OFFICE			
HOLIDAY																																7.5		8 1 5	HOLIDAY			
TOTAL HOURS (SEE NOTE) *			7.5	7.5	7.5	7.5	7.5	/	/	7.5	7.5	7.5	13.5	7.5	/	/																81.0		TOTAL HOURS (Include overtime. Do not include personal or vacation hours) *				
EXPENSES REPORTED																																		EXPENSES REPORTED (Must agree with detail on reverse side)				
OVERTIME 1 HOURS															2.5																	2.5						
OVERTIME 2 HOURS															3.5																	3.5						
PERSONAL HOURS–APPROVED																																		7 5 0	PERSONAL HOURS – APPROVED			
REGULAR AND OVERTIME VACATION																																		8 5 0	REGULAR AND OVERTIME VACATION			

Contact the Accounting Department if you have any questions on the office codes, client codes or account numbers to be used.

STATEMENT ON ETHICAL STANDARDS

By signing this Time Report, I represent that during the time period covered, I, my spouse (if applicable) and my dependents (if any) have complied with applicable independence/ethical standards policies as they relate to Andersen Consulting partners and employees.

7		COMPENSATORY REIMBURSEMENTS (MUST AGREE WITH DETAIL ON REVERSE SIDE)
8		MEMO–MEALS AND ENTERTAINMENT (MUST AGREE WITH DETAIL ON REVERSE SIDE)
9		ADD TO PAY OR (DEDUCT) FROM PAY
10		EXPENSE ADVANCE REQUESTED — ADVANCE APPROVAL — REASON FOR ADVANCE

STATE/LOCAL AND SHIFT OVERRIDE INFORMATION

	HOURS	O.T.1 HOURS	O.T.2 HOURS	STATE	LOCAL	SFT
11						
12						
13						

OVERTIME APPROVED BY

TIME REPORT AUDITED BY: Brenda Lewis

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

TIME REPORT

PERIOD ENDING: MONTH 6 | DAY 15 | YEAR 92

SIGNATURE (REFER TO STATEMENT ON ETHICAL STANDARDS): Adrian Forte

PRINT NAME: Adrian Forte

PERSONNEL NUMBER: 0 1 0 2 6 7 6 2 7 | OFF. CODE: 285 | DIV. CODE: 50 | PAGE OF: 1 1

PERSONNEL CLASSIFICATION: Staff

CLIENT NAME AND DESCRIPTION OF WORK	TIME DISTRIBUTION FOR PERIOD 1 16	2 17	3 18	4 19	5 20	6 21	7 22	8 23	9 24	10 25	11 26	12 27	13 28	14 29	15 30	31	TOTAL HOURS (TENTHS)	EXPENSES	CLIENT CODE OR ACCOUNT NO. (START FROM LEFT)	JOB NO.	TRANSFER TO OFFICE CODE	TRANSFER TO OFFICE NAME	BILLING RATE CODE
DACT Group	/	7.5	7.5	7.5	7.5	7.5	/	/	7.5	7.5	7.5	7.5	7.5	/	/		75.0		N 9 6 0 0 1				
PERSONAL ILLNESS – APPROVED																			7 4 0	PERSONAL ILLNESS – APPROVED			
DOCTOR APPTS, PROF. EXAM, ETC.																			7 4 5	OTHER APPROVED ABSENCE			
EXCUSED FROM OFFICE																			5 7 5	EXCUSED FROM OFFICE			
HOLIDAY																			8 1 5	HOLIDAY			
TOTAL HOURS (SEE NOTE) *	/	7.5	7.5	7.5	7.5	7.5	/	/	7.5	7.5	7.5	7.5	7.5	/	/		1 75.0			TOTAL HOURS (Include overtime / Do not include personal or vacation hours) *			
EXPENSES REPORTED																	2			EXPENSES REPORTED (Must agree with detail on reverse side)			
OVERTIME 1 HOURS																	3			OVERTIME 1 HOURS			
OVERTIME 2 HOURS																	4			OVERTIME 2 HOURS			
PERSONAL HOURS–APPROVED																	5			7 5 0 PERSONAL HOURS – APPROVED			
REGULAR AND OVERTIME VACATION																	6			8 5 0 REGULAR AND OVERTIME VACATION			
																	7			COMPENSATORY REIMBURSEMENTS (MUST AGREE WITH DETAIL ON REVERSE SIDE)			
																	8			MEMO–MEALS AND ENTERTAINMENT (MUST AGREE WITH DETAIL ON REVERSE SIDE)			
																	9			ADD TO PAY OR (DEDUCT) FROM PAY			
																	10			EXPENSE ADVANCE REQUESTED	ADVANCE APPROVAL		

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STATE/LOCAL AND SHIFT OVERRIDE INFORMATION

	HOURS	O.T.1 HOURS	O.T.2 HOURS	STATE	LOCAL	SFT
11						
12						
13						

REASON FOR ADVANCE

OVERTIME APPROVED BY

TIME REPORT AUDITED BY: Brenda Rivera

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

TIME REPORT

PERIOD ENDING: MONTH 6 | DAY 30 | YEAR 92

SIGNATURE (REFER TO STATEMENT ON ETHICAL STANDARDS): Adrian Forte

PRINT NAME: Adrian Forte

PERSONNEL NUMBER: 010026 17627 | OFF. CODE: 285 | DIV. CODE: 50 | PAGE OF: 1 1

PERSONNEL CLASSIFICATION: Staff

CLIENT NAME AND DESCRIPTION OF WORK	TIME DISTRIBUTION FOR PERIOD 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	TOTAL HOURS (TENTHS)	EXPENSES	CLIENT CODE OR ACCOUNT NO. (START FROM LEFT)	JOB NO.	TRANSFER TO OFFICE CODE	TRANSFER TO OFFICE NAME	BILLING RATE CODE
OA,T Group	7.5 7.5 7.5 7.5 / / 7.5 7.5 7.5 7.5 7.5 / / 7.5 7.5 /	72.5		N96001				
PERSONAL ILLNESS – APPROVED				740	PERSONAL ILLNESS – APPROVED			
DOCTOR APPTS, PROF. EXAM, ETC.				745	OTHER APPROVED ABSENCE			
EXCUSED FROM OFFICE				575	EXCUSED FROM OFFICE			
HOLIDAY				815	HOLIDAY			
TOTAL HOURS (SEE NOTE)*	7.5 7.5 7.5 7.5 / / 7.5 7.5 7.5 7.5 7.5 / / 7.5 7.5 /	1 82.5			TOTAL HOURS (Include overtime. Do not include personal or vacation hours)*			
EXPENSES REPORTED		2			EXPENSES REPORTED (Must agree with detail on reverse side)			
OVERTIME 1 HOURS		3			OVERTIME 1 HOURS			
OVERTIME 2 HOURS		4			OVERTIME 2 HOURS			
PERSONAL HOURS–APPROVED		5		750	PERSONAL HOURS – APPROVED			
REGULAR AND OVERTIME VACATION		6		850	REGULAR AND OVERTIME VACATION			
		7			COMPENSATORY REIMBURSEMENTS (MUST AGREE WITH DETAIL ON REVERSE SIDE)			
		8			MEMO–MEALS AND ENTERTAINMENT (MUST AGREE WITH DETAIL ON REVERSE SIDE)			
		9			ADD TO PAY OR (DEDUCT) FROM PAY			
		10			EXPENSE ADVANCE REQUESTED	ADVANCE APPROVAL	REASON FOR ADVANCE	

STATE/LOCAL AND SHIFT OVERRIDE INFORMATION

	HOURS	O.T.1 HOURS	O.T.2 HOURS	STATE	LOCAL	SFT
11						
12						
13						

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STATEMENT ON ETHICAL STANDARDS

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OVERTIME APPROVED BY

TIME REPORT AUDITED BY: Brenda Serrio

Andersen Consulting Form N-0010-C (12/91) Printed in U.S.A.

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

TIME REPORT

PERIOD ENDING: MONTH 7 | DAY 15 | YEAR 92

SIGNATURE (REFER TO STATEMENT ON ETHICAL STANDARDS): Adrian Forte

PRINT NAME: Adrian Forte

PERSONNEL NUMBER: 0 1 0 1 2 6 1 7 6 1 2 1 7 | OFF. CODE: 285 | DIV. CODE: 50 | PAGE OF: 1 2

PERSONNEL CLASSIFICATION: Staff

CLIENT NAME AND DESCRIPTION OF WORK	TIME DISTRIBUTION FOR PERIOD 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS (TENTHS)	EXPENSES	CLIENT CODE OR ACCOUNT NO. (START FROM LEFT)	JOB NO.	TRANSFER TO OFFICE CODE	TRANSFER TO OFFICE NAME	BILLING RATE CODE
DART Group	7.5	7.5		/	/	7.5	7.5	7.5	7.5	7.5	/	/	7.5	7.5	7.5	/																75.00		N 9 6 0 0 1				
Expenses c/o Nik Souris Client																																	25.00	MET 9 0 9	0 2			
PERSONAL ILLNESS – APPROVED																																		7 4 0	PERSONAL ILLNESS – APPROVED			
DOCTOR APPTS, PROF. EXAM, ETC.																																		7 4 5	OTHER APPROVED ABSENCE			
EXCUSED FROM OFFICE																																		5 7 5	EXCUSED FROM OFFICE			
HOLIDAY			7.5																													7.50		8 1 5	HOLIDAY			
TOTAL HOURS (SEE NOTE)*	7.5	7.5		/	/	7.5	7.5	7.5	7.5	7.5	/	/	7.5	7.5	7.5	/																82.50		TOTAL HOURS (Include overtime / Do not include personal or vacation hours)*			
EXPENSES REPORTED																																	25.00	EXPENSES REPORTED (Must agree with detail on reverse side)			
OVERTIME 1 HOURS																																		OVERTIME 1 HOURS			
OVERTIME 2 HOURS																																		OVERTIME 2 HOURS			
PERSONAL HOURS–APPROVED																																		7 5 0	PERSONAL HOURS – APPROVED			
REGULAR AND OVERTIME VACATION																																		8 5 0	REGULAR AND OVERTIME VACATION			
																																			COMPENSATORY REIMBURSEMENTS			
																																			MEMO–MEALS AND ENTERTAINMENT			
																																	25.00	(ADD) TO PAY OR (DEDUCT) FROM PAY			
																																			EXPENSE ADVANCE REQUESTED		ADVANCE APPROVAL	

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STATE/LOCAL AND SHIFT OVERRIDE INFORMATION	HOURS	O.T.1 HOURS	O.T.2 HOURS	STATE	LOCAL	SFT	REASON FOR ADVANCE

OVERTIME APPROVED BY

TIME REPORT AUDITED BY: KW

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO., S.C.

DETAIL OF EXPENSES

Period Ended: Month	Day	Year	See Personnel Reference Binder For Instructions	Name
7	15	92		Adrian Forte

Date	Departure Point and Destination and Description of Other Allowable Expenses	Personal Auto Expense: Miles	Personal Auto Expense: Amount	Lodging	Meals	Other Allowable Expenses	Compensatory Reimbursment	Memo-Meals and Entertainment	Total Expenses	Client Code or Account Number
EXPENSES WITH NO RECEIPT										
7/14	Cab from 100S to 100 E Erie					5.100			5.100	MET90902
7/14	Cab from 100 E Erie to 100S					5.100			5.100	MET90902
EXPENSES WITH RECEIPTS ATTACHED										
7/13	Cab from 100 E Erie to 100S					5 100			5.100	MET90902
7/13	Cab From 100S to 100 E Erie					5 100			5.100	MET90902
7/13	Cab From 100 E Erie to 100S					5 100			5.100	MET90902

AMOUNT OF COMPENSATORY REIMBURSABLE EXPENSES INCLUDED IN TOTAL EXPENSES (AMOUNT MUST AGREE WITH LINE 7 ON REVERSE SIDE)

BUSINESS MEALS, CLUB DUES AND RELATED EXPENSES

DATE	PLACE (NAME OF CLUB, RESTAURANT, ETC.) AND TYPE OF EXPENSE INCURRED	NAME AND TITLE OF PERSONS PRESENT AND BUSINESS REASON
RECEIPTS REQUIRED FOR ALL EXPENSES OVER $25		

AMOUNT OF MEMO -- MEALS AND ENTERTAINMENT EXPENSES INCLUDED IN TOTAL EXPENSES (AMOUNT MUST AGREE WITH LINE 8 ON REVERSE SIDE)

EXPENSE RECEIPTS ARE INCLUDED IN ATTACHED ENVELOPE (ITEM # 2224) ☒

TOTAL EXPENSES FOR PERIOD (MUST AGREE WITH LINE 2 ON REVERSE SIDE) 25.100

Checker Taxi Association Inc.

Need a cab? Dial T-A-X-I-C-A-B or 829-4222

RECEIPT

Time 11:30 am Date 7/13 1982

Received From A. Forte $ 5.00

Cab Fare From 100 E Erie

To 100 S Wacker

Driver

Cab No Account No

954 W. Washington Blvd. Chicago, IL 60607 — Dial C-H-E-C-K-E-R (312) 243-2537

Receipt

Time 5:00 am pm Date 7/13 1982

Received from A. Forte $ 5.00

for cab fare from 100 E Erie

To 100 S Wacker

Driver

Cab No.

5300 N. Ravenswood
Chicago, IL 60640
Tel. (312) 561-0919

Company Checker

Receipt

Time 12:30 am pm Date 7/13 1982

Received from A. Forte $ 5.00

for cab fare from 100 S Wacker

To 100 E Erie

Driver

Cab No.

5300 N. Ravenswood
Chicago, IL 60640
Tel. (312) 561-0919

Company Checker

Burberrys

633 North Michigan Avenue, Chicago, Illinois 60611 Tel. (312) 787-2500

NO. 3 275809

☐ CASH ☐ AM/EX

☐ CHECK ☐ DINERS

☒ VISA/M. CARD ☐ OTHER

CREDIT CARD NO.
4442-818
960-221

CLERK NO. 30

AMOUNT RENDERED

APPROVED BY

01 029862 0003 0030 0001 07/15/92 01:38 PM
PURCHASE
130721 SKU
SHIRTS 85.00 0000
111151 SKU 75.00 TXBD
TIES 8888 0000
60.00 TXBD
135.00 SUB
8.000% 10.80 TAX
CASH 145.80 TOTL
145.80 VISA

YOUR SALESPERSON IS
[illegible]

SALE
SALE
MERCHANDISE
FINAL

SOLD TO
NAME
STREET A Foote
CITY STATE ZIP
TELEPHONE NO.

SHIP TO
NAME
STREET
CITY STATE ZIP

CODE	SKU NUMBER	COLOUR/SIZE	PRICE
W	130721	8565	75.00
	111151	8888	60.00
			135.00

CUSTOMER COPY

ALTERATION		TAX	10 80
SHIPPING		TOTAL	145.80

BURBERRYS
633 N MICHIGAN AVE
CHICAGO IL 60611

PURCHASE

DATE 7/15/92 TIME 12:55P
ACCT# 4442818960221
EXP. : 02/93 CD TYPE: VISA
REF #: 0387 AUTH #:000972

TOTAL AMOUNT = $145.80

QTY.	DESCRIPTION	AMOUNT
	SUB TOTAL	
	TAX	
	TOTAL	145.80

TOTAL AMOUNTS MUST AGREE

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Carholder's agreement with the issuer.

SALE ACKNOWLEDGED AND DRAFT ACCEPTED

X Adrian Foote
CARDHOLDER SIGNATURE

UNIVERSAL SALES SLIP

ANDERSEN CONSULTING
ARTHUR ANDERSEN & CO. S.C.

TIME REPORT

PERIOD ENDING: MONTH 8 | DAY 15 | YEAR 92

SIGNATURE (REFER TO STATEMENT ON ETHICAL STANDARDS): Adrian Forte

PRINT NAME: Adrian Forte

PERSONNEL NUMBER: 0 0 0 2 6 7 6 2 7

PERSONNEL CLASSIFICATION: STAFF

OFF. CODE: 285 | DIV. CODE: 50 | PAGE OF: 1 1

CLIENT NAME AND DESCRIPTION OF WORK	TIME DISTRIBUTION FOR PERIOD 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS (TENTHS)	EXPENSES	CLIENT CODE OR ACCOUNT NO. (START FROM LEFT)	JOB NO.	TRANSFER TO OFFICE CODE	TRANSFER TO OFFICE NAME	BILLING RATE CODE
OArT Group	/	/	7.5	7.5	7.5	7.5	7.5	/	/	7.5	7.5	7.5	7.5	7.5	/	/																75.00		N 9 6 0 0 1				
PERSONAL ILLNESS - APPROVED																																		7 4 0				
DOCTOR APPTS, PROF. EXAM, ETC.																																						
EXCUSED FROM OFFICE																																		5 7 5				
HOLIDAY																																		8 1 5				
TOTAL HOURS (SEE NOTE) *	/	/	7.5	7.5	7.5	7.5	7.5	/	/	7.5	7.5	7.5	7.5	7.5	/	/																75.00						
EXPENSES REPORTED																																						
OVERTIME 1 HOURS																																						
OVERTIME 2 HOURS																																						
PERSONAL HOURS-APPROVED																																						
REGULAR AND OVERTIME VACATION																																						

1	75.00		TOTAL HOURS (Include overtime. Do not include personal or vacation hours) *
2			EXPENSES REPORTED (Must agree with detail on reverse side)
3			OVERTIME 1 HOURS
4			OVERTIME 2 HOURS
5			7 5 0 PERSONAL HOURS - APPROVED
6			8 5 0 REGULAR AND OVERTIME VACATION
7			COMPENSATORY REIMBURSEMENTS (MUST AGREE WITH DETAIL ON REVERSE SIDE)
8			MEMO-MEALS AND ENTERTAINMENT (MUST AGREE WITH DETAIL ON REVERSE SIDE)
9			ADD TO PAY OR (DEDUCT) FROM PAY
10			EXPENSE ADVANCE REQUESTED — ADVANCE APPROVAL

STATE/LOCAL AND SHIFT OVERRIDE INFORMATION — REASON FOR ADVANCE

	HOURS	O.T.1 HOURS	O.T.2 HOURS	STATE	LOCAL	SFT
11						
12						
13						

Contact the Accounting Department if you have any questions on the office codes, client codes or account numbers to be used.

STATEMENT ON ETHICAL STANDARDS

By signing this Time Report, I represent that during the time period covered, I, my spouse (if applicable) and my dependents (if any) have complied with applicable independence/ethical standards policies as they relate to Andersen Consulting partners and employees.

OVERTIME APPROVED BY

TIME REPORT AUDITED BY: B. Lurio